

Madrid Campus Programs

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www.suffolk.edu/madrid

Housing Waiver and Release From Liability

By signing this document below, I declare the following:

- I am 18 years of age or older and mentally competent to enter into this waiver.
- I have obtained, or have the intention of obtaining, my housing during the semester in Madrid, on my own, and I assume any risks and take full responsibility for, and waive any claims of personal injury, death, or damage to personal property associated with it, excluding SUFFOLK UNIVERSITY MADRID CAMPUS, S.L. (hereafter referred to as "SUMC") of any related liability.
- I fulfill, or will fulfill at the beginning of the aforementioned semester, all requirements for a Housing Waiver Request to SUMC as indicated on the Suffolk University website.

 (https://www.suffolk.edu/madrid-campus/madrid-life/housing-options/off-campus-housing-in-madrid)
- I exclude SUMC of all responsibility related to any economic or legal obligations derived from any housing contract/agreement and/or with third parties.
- I understand and confirm that I have signed this document freely, voluntarily and under no duress. My signature is proof of my intention to execute an complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.
- I understand and agree that I must provide SUMC with a copy of my leasing contract or a written confirmation from my host family stating: 1) the period of allowed stay and 2) the housing address.
- I understand that failure to meet the stated deadline will result in my being placed into SUMC-sponsored housing for the entire semester, in accordance with the housing options available at that date, and I will be responsible for any costs associated therewith.
- I understand that SUMC reserves the right to revoke a housing waiver that has already been granted at any time if I commit violations of the Community Standards, do not meet the stipulated requirements for the waiver, or in the event of a natural disaster/pandemic/other event where SUMC determines that student safety is at risk.

ln (city)	_, on (date):	
Student's name:		
Student's signature:		